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Office

Use

Only

Γ	FEC FORM 1
1.	NAME OF COMMITTEE

(in full)

Friends of Mazie Hirono

ADDRESS (number and street)

(Check if address is changed)

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

STATEMENT OF **ORGANIZATION**

over the lines.

(Check if name

is changed)

P.O. BOX 677

HONOLULU

CITY A

coleman@capcompliance.com

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS PAGE 1/5 = APR 15 PM 3: 44 Office Use Only Example: If typing, type 12FE4M5 96809 STATE A ZIP CODE ▲

FEC FORM 1

(Revised 06/2012)

	Optional Second	E-Mail Ad	dress									
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4. IS THIS STATEMENT	NEW (N)	OR	X	AME	NDED (A)							
I certify that I have examined this ASSIGN Type or Print Name of Treasurer	•		of my kr	owledge	and belief	it is true	e, corre	ect and	comp	lete.		
Signature of Treasurer Kimber	rly Coleman K	mbe	N.	OH.	١	Date	M	∿м / 04	11	ן פ	7 V Y	·√γ√γ 013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100